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## APPLICANTS

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 \*\* CONTINUING DATA \*\*\*\*\* *HB - None*

 \*\* FOREIGN APPLICATIONS \*\*\*\*\* *HB - None*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 8	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>HB</i> Initials			

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## TITLE

Enclosure with pre-formed interchangeable panels

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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